



Employment
Development
Department



Gray Davis, Governor

State of California

Health and Human Services Agency

EDD/Labor Market Information Division
Occupational Survey Group /Wage Research Unit
FAX (916) 262-2500

For forms or information:
<http://www.calmis.ca.gov>
Phone (916) 262-2321

PREVAILING WAGE REQUEST FORM

PLEASE DO NOT SUBMIT DUPLICATE REQUESTS. ALLOW 14 WORKING DAYS FOR PROCESSING.

If the job is unionized and/or covered by a negotiated wage, use the negotiated wage and do not submit this Prevailing Wage Request Form.

1. Employer's Business Name _____ ☐ Nonprofit

2. Alien's Name (optional) _____ 3. Please check one: ☐ Permanent Case **OR** ☐ H-1B Professional

4. Job Site Address (Number, Street, City, State, Zip Code) _____

5. Job Site County (Where Majority of Work Will Be Performed) _____

6. Nature of Employer's Business Activity	7. Job Title of Position to Be Filled	8. Basic Hours/Week	9. Basic Pay Rate
			\$ _____ Per

10. Describe in detail the specific duties of the job offered. (The description **MUST BEGIN IN THIS SPACE**. It may be continued on an attachment **ONLY** after filling the space provided below.)

11. Job Title of Alien's Immediate Supervisor	12. Number of Workers Alien Will Supervise (If none, enter "0.")
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13. **State in detail** the MINIMUM qualifications for a worker to perform the job satisfactorily including the type of degree, major field of study, and amount of experience required. If none are required, state "**No specific education required**" and/or "**No experience required.**"

14. Requester _____

Address _____

Contact Person _____ Phone () _____ Fax () _____

DEPARTMENTAL ACTION TO PROVIDE A PREVAILING WAGE DETERMINATION

\$ _____ per _____ is the current prevailing wage for the job described above. OES Code _____ Skill Level (OES) _____

DOT Code _____ DOT Title _____ SVP _____

Survey Source: ☐ OES/ALC ☐ Service Contract ☐ Davis Bacon ☐ Other _____ Survey Date _____

Survey Area _____ ☐ Local OES Area ☐ OES Expanded (to contiguous counties) ☐ State ☐ U.S.

Research Analyst _____ Phone (916) 262- _____ Date _____

PREVAILING WAGES ARE VALID FOR FILING APPLICATIONS AND ATTESTATIONS FOR 90 DAYS FROM THE DATE OF THIS RESPONSE.

OES/ALC WAGES ARE VALID FOR THE ENTIRE CALENDAR YEAR.

IF YOU INTEND TO FILE A PERMANENT ALIEN LABOR CERTIFICATION APPLICATION FOR THIS POSITION, INCLUDE THIS COMPLETED PREVAILING WAGE REQUEST/DETERMINATION WITH YOUR APPLICATION TO EDD'S ALIEN LABOR CERTIFICATION OFFICE.